

INNER CITY HEALTH CENTER DENTAL CLINIC POLICIES

CANCELLATION OF APPOINTMENT

We require at least 24 hours notice if you will be unable to attend your scheduled appointment.

“NO-SHOW” APPOINTMENT

“NO-SHOW” APPOINTMENTS ARE:

- Missed appointments
- Cancelled appointments without 24 hours notice
- Late (by our clock) to appointment

AFTER TWO NO-SHOW APPOINTMENTS:

You will not be eligible to schedule routine dental appointments in our clinic for the next 6 months.
You can be seen on a walk-in basis only.

PAYMENT

Payment is due at the time services are rendered.

Unless a prior arrangement has been made with our billing department, **no appointments will be scheduled until your balance due is paid.**

DENTAL PROVIDER

Inner City Health Center is a private, non-profit, volunteer based health care facility dedicated to providing quality low-cost services. We have several volunteers that provide dental services at our clinic. Inner City Health Center is also a teaching facility for student dentists, dental hygienists, and dental assistants. **A volunteer or student dentist, dental hygienist, or dental assistant may provide the care you receive at our clinic.** A clinical faculty member for the respective schools supervises the students in order to assure the best possible treatment.

If you do not consent to having treatment provided by students or volunteers, our clinic may not be suited for you.

UNATTENDED CHILDREN

Inner City Health Center cannot be responsible for unattended children. Children under the age of 12 will not be allowed to wait in the reception area unattended. Young children will not be able to wait in the clinical areas either. If you have not arranged for child-care during your scheduled appointment, you will not be seen and your appointment will be counted as a no show and you will be rescheduled.

COSMETIC DENTISTRY

Inner City Health Center cannot guarantee a cosmetic outcome to any restorations or prosthesis we provide. We strive to restore your dentition to be functional at a discounted fee. The esthetics of our restoration / prosthesis will be limited by time, ability, and materials available. If you have any expectations regarding the esthetics of the dentistry we will provide, our clinic may not be suited for you.

I have read and understand the policies regarding:

- Cancellation of appointments
- “No-show” appointments
- Dental providers
- Unattended children
- Cosmetic dentistry

I understand my responsibilities and I give my consent to be treated by a student or volunteer dentist, dental hygienist, or dental assistant.

Date: _____

Signature: _____